
State:	Arkansas	Filing Company:	USAbLe Life
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	Individual Policy Change Request Form, IND-R-CHG (
Project Name/Number:	Individual Health Forms Used Across Product Lines/AR000140100004		

Filing at a Glance

Company:	USAbLe Life
Product Name:	Individual Policy Change Request Form, IND-R-CHG (
State:	Arkansas
TOI:	H21 Health - Other
Sub-TOI:	H21.000 Health - Other
Filing Type:	Form
Date Submitted:	01/21/2013
SERFF Tr Num:	LSVX-G128858774
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	AR000140100004
Implementation	01/21/2013
Date Requested:	
Author(s):	SPI Life and Specialty Ventures
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	01/30/2013
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** US Able Life
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Individual Policy Change Request Form, IND-R-CHG (
Project Name/Number: Individual Health Forms Used Across Product Lines/AR000140100004

General Information

Project Name: Individual Health Forms Used Across Product Lines Status of Filing in Domicile:
Project Number: AR000140100004 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/30/2013
State Status Changed: 01/30/2013
Deemer Date: Created By: SPI Life and Specialty Ventures
Submitted By: SPI Life and Specialty Ventures Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

We are enclosing for your review and approval a revised Individual Policy Change Request Form to be used with the following individual health policies:

Accident Policy, AEP-R (9-05) - Approved 7/29/2011 - AR Filing ID: 49377, SERFF Filing ID: LSVX-G127329586

Critical Illness Policy with Cancer, CIP2-WC-R (7-07) - Approved 8/2/2011 - AR Filing ID: 49376, SERFF Filing ID: LSVX-G127327567

Critical Illness Policy, CIP2-R (7-07) - Approved 8/2/2011 - AR Filing ID: 49376, SERFF Filing ID: LSVX-G127327567

Hospital Confinement Indemnity Policy, HIP2-R (3-07) - Approved 10/20/2011 - AR Filing ID: 49795, SERFF Filing ID: LSVX-G127566147

The following changes were made to this form:

1. Removed the Bank Change section at the bottom of page 2.
2. Removed the Bank Draft Authorization section at the bottom of page 2.

US Able Life reserves the right to change the type style, paper size, and logo, or to issue the forms in electronic format.

This form may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your state's laws and regulations.

State: Arkansas **Filing Company:** USAbLe Life
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Individual Policy Change Request Form, IND-R-CHG (
Project Name/Number: Individual Health Forms Used Across Product Lines/AR000140100004

Company and Contact

Filing Contact Information

Rob Wittenburg, Legal Product Specialist rwittenburg@usablelife.com
PO Box 1650 501-212-8877 [Phone] 8877 [Ext]
Little Rock, AR 72203-1650 501-235-8484 [FAX]

Filing Company Information

USAbLe Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Healh
Little Rock, AR 72203-1650	Group Name: Life and Speciality	State ID Number:
(501) 375-7200 ext. [Phone]	Ventures (LSV)	
	FEIN Number: 71-0505232	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
USAbLe Life	\$50.00	01/21/2013	66713109

SERFF Tracking #:	LSVX-G128858774	State Tracking #:		Company Tracking #:	AR000140100004
State:	Arkansas	Filing Company:	US	Able Life	
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Individual Policy Change Request Form, IND-R-CHG (
Project Name/Number:	Individual Health Forms Used Across Product Lines/AR000140100004				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/30/2013	01/30/2013

SERFF Tracking #:	LSVX-G128858774	State Tracking #:		Company Tracking #:	AR000140100004
State:	Arkansas	Filing Company:	US	Able Life	
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Individual Policy Change Request Form, IND-R-CHG (
Project Name/Number:	Individual Health Forms Used Across Product Lines/AR000140100004				

Disposition

Disposition Date: 01/30/2013

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Individual Policy Change Request Form	Approved-Closed	Yes

State:	Arkansas	Filing Company:	US Able Life
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	Individual Policy Change Request Form, IND-R-CHG (
Project Name/Number:	Individual Health Forms Used Across Product Lines/AR000140100004		

Form Schedule

Lead Form Number: IND-R-CHG (1-13)									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	Approved-Closed 01/30/2013	Individual Policy Change Request Form	IND-R-CHG (1-13)	CERA	Revised	Previous Filing Number:	LSVX-G128578762	41.900	IND-R-CHG (1-13).PDF
						Replaced Form Number:	IND-R-CHG (7-12)		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



P.O. Box 1650
Little Rock, Arkansas 72203-1650
Telephone (800) 370-5856
Fax (501) 235-8419
maintenance@usablelife.com

INDIVIDUAL POLICY CHANGE REQUEST FORM

Name of Policyholder: _____ Policy Number: _____

Social Security #: _____ Phone # _____ Email: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Please Make the Following Changes:

☐ **NAME CHANGE** Name Shown on Policy _____
Change Name To _____
Reason _____
Effective Date of Name Change _____

☐ **CONTACT INFORMATION CHANGE** New Address _____
New Email Address _____
New Phone # _____

☐ **INDIVIDUAL POLICY DELETIONS** Person to be Deleted _____ Relationship _____
Birth Date of Person _____ Effective Date _____
Being Deleted _____ of Deletion _____
New Coverage Type Desired: ☐ No Change
☐ Individual ☐ Individual & Spouse ☐ Family ☐ Individual & Children
Reason for Deletion ☐ Death ☐ Divorce ☐ No Longer Dependent ☐ Other (please explain below)

*Additional Information May Be Required Other Reason: _____

Claims Option Death Claim Filing: ☐ No ☐ Yes (Death Certificate Required)

Conversion Policy Requested: ☐ No ☐ Yes (Conversion Application Required)

Conversion Option New Policyholder's Full Name _____
Social Security # _____ Converted Policyholder DOB _____

☐ **CONTINUATION OF COVERAGE FOR HANDICAPPED DEPENDENTS** I am advising you that the following dependent is incapable of self support by reason of mental or physical handicap as defined in the policy and is eligible for continuation of coverage:

Full Name	Date of Birth	Relationship to Primary Insured
_____	_____	_____
_____	_____	_____

Additional Documentation May Be Required

☐ **CANCELLATION OF RIDER** I hereby request that the following Rider(s) attached to the policy referenced above be cancelled effective _____:

☐ **POLICY CANCELLATION** I hereby request that the following policy (policies) referenced below be cancelled:

Policy Type:	Policy #	Effective Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature Required on Page 2

☐ **BENEFICIARY
CHANGES
&
UPDATES**

PRIMARY BENEFICIARY				
Policy Type:			Policy #:	
Beneficiary	Beneficiary Name (L, F)	Beneficiary DOB	Relationship to Insured	Percentage (Must =100%)
1				
2				
3				
4				
Policy Type:			Policy #:	
Beneficiary	Beneficiary Name (L, F)	Beneficiary DOB	Relationship to Insured	Percentage (Must =100%)
1				
2				
3				
4				
CONTINGENT BENEFICIARY				
Policy Type:			Policy #:	
Beneficiary	Beneficiary Name (L, F)	Beneficiary DOB	Relationship to Insured	Percentage (Must =100%)
1				
2				
3				
4				
Policy Type:			Policy #:	
Beneficiary	Beneficiary Name (L, F)	Beneficiary DOB	Relationship to Insured	Percentage (Must =100%)
1				
2				
3				
4				

_____ Date	_____ City	_____ State
_____ Insured Signature	_____ Insured Printed Name	

SERFF Tracking #:	LSVX-G128858774	State Tracking #:		Company Tracking #:	AR000140100004
State:	Arkansas	Filing Company:	US	Able Life	
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Individual Policy Change Request Form, IND-R-CHG (
Project Name/Number:	Individual Health Forms Used Across Product Lines/AR000140100004				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/30/2013
Comments:			
Attachment(s):			
AR Readability Certification.PDF			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/30/2013
Bypass Reason:	Not a policy filing.		
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	01/30/2013
Bypass Reason:	Not a rate or policy filing.		
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	01/30/2013
Bypass Reason:	Not a policy filing.		
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	01/30/2013
Bypass Reason:	Not a PPACA filing.		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: USAbLe Life

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of ACA 23-80-206, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

Form Number	Score
IND-R-CHG (1-13)	41.9



Signed: _____

Name: Sally A. Murphy
Title: Senior Counsel, Chief Compliance Officer and
Assistant Secretary

Date: 1/21/2013